

PLEASE CHECK WHICH	SEAT(S) YOU ARE QU	JALIFIED FOR:	
☐ Homeowner Position	☐ Landlord Position	☐ Tenant Position	
PLEASE PRINT THE FOI	LLOWING INFORMATION	DN:	
Name:(Last)	(First)		(Middle Initial)
Address:			
Telephone Home:	Bu:	siness:	
E-mail:			
Occupation:	Employer:		
Would decisions made by the state of the sta		,	
Qualifying Education (List	schools attended and d		
Qualifying Experience (List	prior practical experience	e which would qualify you	ı for the Committee):
Other Comments:			
Application forms are public info		telephone numbers/address vir e-mail address withheld?	
Nominees are subject to backgr	round investigations. Do you a	ngree to be subject to an inves	tigation? Yes \( \sum \) No \( \sum \)
	(Signature)		(Date)

File with the City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380. You will be notified if appointed. Applications are valid for one year. Revised 3-2006